MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005758
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 16

FILED FEB 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0251		
2	0251		
3	2		
4	0		
5	1		
6			
7	0		
8	0		
9	4222		
10			
11			
12	1-2		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron
Length of stay in 1b: 5 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cameron Comm. Hosp.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Clinton
c. CITY OR TOWN: Cameron
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 102 So. Orange
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Commodore Middle: Perry Last: Meek

4. DATE OF DEATH: Month: Feb. Day: 15, Year: 1963

5. SEX: male

6. COLOR OR RACE: Cauc.

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: Oct. 6, 1873

9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (City and state or country): DeKalb Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: David H. Meek

13b. MOTHER'S MAIDEN NAME: Ann Sloan

14. NAME OF HUSBAND OR WIFE: Allie Meek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Allie Meek, Cameron, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5 Sept. 1962 to Feb 15, 1963 and last saw her/him alive on 2-15-63
Death occurred at 10:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. J. Lewis MD

22b. ADDRESS: Cameron Mo.

22c. DATE SIGNED: 2-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-18-1963

23c. NAME OF CEMETERY OR CREMATORY: Oak Lawn

23d. LOCATION (City, town, or county) (State): Maysville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Poland Funeral Home, Cameron, Mo.

25. DATE RECD. BY LOCAL REG.: 2-18-63

26. REGISTRAR'S SIGNATURE: Francis Crawford

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert J Roland

Signature of Student Embalmer

Licensed Embalmer No. 4777

P. O. Address 222 Merrit 7th St Conneaut Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.